

<b>Part Y</b> <b>Nursing Home Services</b>	<b>Section IV</b> <b>Billing Information</b>	<b>Issued</b> <b>01/96</b>	<b>Page</b> <b>Y4-001</b>
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**A. Coordination of Benefits**

Wisconsin Medicaid is the payer of last resort for any Wisconsin Medicaid-covered service. If the recipient is covered under health insurance and Medicare, Wisconsin Medicaid pays that portion of the allowable cost remaining after exhausting all health insurance sources. Refer to Section IX of Part A of the provider handbook for more detailed information on services requiring health insurance billing, exceptions, and the "Other Coverage Discrepancy Report."

**B. Medicare/Medicaid Dual Entitlement**

Recipients covered under both Medicare and Wisconsin Medicaid are dual-entitlees. Claims for Medicare covered services provided to dual-entitlees must be billed to Medicare *before* billing Wisconsin Medicaid. Nursing homes do not have to be Medicare-certified to bill Medicare for some services. It is the responsibility of the nursing home to ensure correct and accurate billing systems.

Coinsurance days for dual entitlees are a covered service by Wisconsin Medicaid. All coinsurance claims automatically cross over from the Medicare program for Wisconsin Medicaid processing. Co-insurance days are billed using the UB-92 claim form. A UB-92 claim form sample and billing instructions are in Appendices 1 and 2 of this handbook.

A Medicare disclaimer code must be indicated on the claim, if the recipient has Medicare. Refer to the claim form instructions in Appendix 1 of this handbook for Medicare disclaimer codes.

**C. Medicare QMB-Only**

Qualified Medicare Beneficiary (QMB)-only recipients are only eligible for Wisconsin Medicaid payment of the coinsurance and the deductibles for the Medicare-covered services. (Since Medicare covers nursing home care, claims submitted for QMB-only recipients are reimbursed.)

**D. Billed Amounts**

Providers must always bill Wisconsin Medicaid their rate(s) established by Wisconsin Medicaid. In the case of retroactive eligibility, when the provider receives Medicaid payment, the nursing home must reimburse the recipient, family, or others the full amount paid for the period covered by Medicaid if such payments were made.

**E. Copayment**

Nursing home residents with a nursing home medical status code are exempt from any copayment charges.

**F. Claim Submission**

**Paper Claim Submission**

Nursing home services, including accommodation and billable ancillary services, must be submitted using the UB-92 claim form. Nursing home crossover claims must also be submitted on the UB-92 claim form. A sample claim form and completion instructions are in Appendices 1 and 2 of this handbook.

Nursing homes billing Wisconsin Medicaid for exceptional supplies, oxygen, durable medical equipment (DME), disposable medical supplies (DMS), and therapies must use the national HCFA 1500 claim form. A sample of the HCFA 1500 claim form and completion instructions are in Appendices 3 and 4 of this handbook.

**Ordering Claim Forms**

The UB-92 and HCFA 1500 claim forms are not provided by Wisconsin Medicaid or the fiscal agent. They may be obtained from a number of forms suppliers. One source for UB-92 claim forms is:

Standard Register  
Post Office Box 6248  
Madison, WI 53716  
(608) 222-4131

HCFA 1500 claim forms may be obtained from:

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**F. Claim Submission**  
(continued)

State Medical Society Services  
P.O. Box 1109  
Madison, WI 53701  
(608) 257-6781 (Madison Area)  
1-800-362-9080 (Toll-free)

Completed claims submitted for payment must be mailed to the following address:

EDS  
6406 Bridge Road  
Madison, WI 53784-0002

**Paperless Claim Submission**

The fiscal agent is able to process claims submitted on magnetic tape (tape-to-tape) or through telephone transmission via modem. Claims submitted electronically have the same legal requirements as claims submitted on paper and will be subjected to the same processing requirements as paper claims. Providers submitting electronically can usually reduce their claim submission errors. Additional information on paperless claim submission is available by contacting the Electronic Media Claims (EMC) Department at:

EDS  
Attn: EMC Department  
6406 Bridge Road  
Madison, WI 53784-0009  
(608) 221-4746

**G. Nurse Aide**  
**Training Payments**

**Requests for Reimbursement of Nurses Aide Training and Competency Testing**

All nurse aides employed by a nursing home must be included on the Nurse Aide Registry maintained by the Bureau of Quality Compliance (BQC) within four months of the date of hire by the nursing home. New aides must meet specific training requirements and pass a competency evaluation before they can be included on the registry. Complete information on training and testing of new aides, and those aides currently listed on the registry, is available from the BQC.

Wisconsin Medicaid separately reimburses nursing facilities (NFs) for the cost of training and competency testing. This includes training and testing provided through any BQC approved programs. Wisconsin Medicaid reimburses training and testing once for each aide, unless the aide has not worked in a nursing or nursing related capacity for more than two years. In this situation, the aide must be retested. Wisconsin Medicaid reimburses providers for this cost and only after the aide is listed on the registry.

The cost of training and testing of nurse aides in Intermediate Care Facilities for the Mentally Retarded (ICF-MRs) is not eligible for separate reimbursement because these costs are covered in the ICF-MR daily rate.

By federal law, nurse aides are not to bear any cost of training or testing. Therefore, nursing homes that hire aides who have, within the last 12 months, independently completed a training program, must reimburse the aides for the training and testing expenses. Payment must be made within 12 months of hire. Wisconsin Medicaid reimburses nursing homes for this cost through the "Nurse Aide Training and Competency Evaluation Reimbursement Request" form.

**G. Nurse Aide  
Training Payments  
(continued)**

Reimbursement for nurse aide training and competency testing must be claimed on a "Nurse Aide Training and Competency Evaluation Request" form, available from the fiscal agent. Copies of the reimbursement request form and complete billing instructions are included in Appendices 18 and 19 of this handbook. Reimbursement for training and testing of nurse aides is made quarterly. Reimbursement requests should be sent to the fiscal agent. Reimbursement is reflected as a "lump sum" cash payout on the facility's Remittance and Status Report. Payments are made within two weeks following a calendar quarter. A separate statement listing both the payments and denials is mailed to providers following each payment cycle. Providers may resubmit denied reimbursement requests for a subsequent payment cycle after correcting the erroneous information on the reimbursement request form.

For additional information regarding the reimbursement for nurse aide training, please contact the BHCF's Nursing Home Section.

For additional information regarding nurse aide training and the registry, please contact:

Nurse Aide Training and Registry Unit  
Bureau of Quality Compliance  
PO Box 2569  
Madison, WI 53701-2569  
(608)-267-2374

**H. Diagnosis Codes**

All diagnoses must be from the International Classification of Diseases, 9th Edition, Clinical Modifications (ICD-9-CM) coding structure. Claims received without the appropriate ICD-9-CM code are denied.

The complete ICD-9-CM code book can be ordered from:

ICD-9-CM  
Post Office Box 991  
Ann Arbor, MI 48106

Providers should note the following diagnosis code restrictions:

- ♦ Codes with an "E" prefix must not be used as the primary or sole diagnosis on a claim submitted to Wisconsin Medicaid.
- ♦ Codes with an "M" prefix are not acceptable on a claim submitted to Wisconsin Medicaid.

**I. Procedure Codes**

All paper claims submitted to Wisconsin Medicaid must include procedure/accommodation codes. Claims received without the appropriate procedure codes are denied. Refer to Appendices 15 and 20 of this handbook for valid Wisconsin Medicaid accommodation and ancillary codes for use with the UB-92 claim form.

**J. Follow-Up to Claim  
Submission**

It is the provider's responsibility to initiate follow-up procedures on claims submitted to EDS. Processed claims appear on the Remittance and Status Report either as paid or denied. Providers are advised that EDS takes no further action on a denied claim until the information is corrected and the claim is resubmitted for processing. If a claim was paid incorrectly, the provider is responsible for submitting an adjustment request form to the fiscal agent. Section X of Part A of the provider handbook includes detailed information regarding:

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**J. Follow-Up to Claim Submission**  
(continued)

- ♦ the Remittance and Status Report;
- ♦ adjustments to paid claims;
- ♦ return of overpayments;
- ♦ duplicate payments;
- ♦ denied claims; and
- ♦ Good Faith claims filing procedures.

**NOTE:** All claims for services rendered to Wisconsin Medicaid-eligible recipients must be received by the fiscal agent within 365 days from the date such service was rendered.

**Retroactive Rate Adjustments**

When nursing facilities have rate changes that affect previously paid claims, the fiscal agent processes retroactive rate adjustments on the paid claims. Retroactive rate adjustments are processed once a month after the nursing facility receives a letter notifying them of the rate change.

Retroactive rate adjustments will either increase or decrease the previously paid claim amount, depending on the revised rate. If money is being recouped with the adjustment, the provider has 30 days to send a check for the outstanding amount or to instruct the fiscal agent to recoup monies from future payments. If the provider takes no action in 30 days, the fiscal agent will automatically recoup 100 percent of the amount paid on each Remittance and Status report until the outstanding amount is satisfied.

Send payments to:

EDS  
ATTN: Cash Unit  
6406 Bridge Road  
Madison WI 53784